

## Opiate Risk and Treatment Contract

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

I, the undersigned, understand that I am receiving opiate medications from Dr. \_\_\_\_\_ to treat my pain condition. I have read and agree to the following conditions under which this medication is prescribed:

- 1) I will not seek opiate prescriptions from any other physicians than Dr. \_\_\_\_\_.
- 2) I will not take opiate medications in larger amounts, or more frequently, than prescribed by Dr. \_\_\_\_\_.
- 3) I will not give or sell my medication to anyone else including family members, nor will I accept opiate medications from anyone else.
- 4) I will not use over the counter pain medications such as Tylenol # 2's or 222s.
- 5) I understand that if my prescription runs out early for any reason (i.e. losing a prescription, taking more than prescribed), Dr. \_\_\_\_\_ will not prescribe extra medication for me. I will have to wait until the next prescription is due.
- 6) I understand that if I break any of these conditions Dr. \_\_\_\_\_ may choose to cease writing opioid prescriptions for me.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician signature: \_\_\_\_\_

### Opiate Risk Tool Clinician Form

	Female	Male
1. Family History of Substance Abuse:		
Alcohol	__ 1	__ 3
Illegal Drugs	__ 2	__ 3
Prescription Drugs	__ 4	__ 4
2. Personal History of Substance Abuse:		
Alcohol	__ 1	__ 3
Illegal Drugs	__ 2	__ 3
Prescription Drugs	__ 4	__ 4
3. Age (mark line if between 16-45)	__ 1	__ 1
4. History of Preadolescent Sexual Abuse	__ 3	__ 0
5. Family History of Substance Abuse		
Attention Deficit Disorder,		
Obsessive Compulsive Disorder,		
Bipolar, Schizophrenia	__ 2	__ 1
Depression	__ 1	__ 1

Scoring Total: \_\_\_\_\_

Low Risk = 0-3 points    Medium Risk = 4-7 points    High Risk = 8 points and above